



SHETLAND ISLANDS COUNCIL

Finance
Charlotte House
Commercial Road
Lerwick
Shetland
ZE1 0LX

Claim Number:

National Insurance Number:

Tel: (01595) 744682 (Direct Line)

Housing Benefit & Council Tax Benefit Self-employed earnings information

Surname

First Name

Address

Name of Business:

Business Address:

Type of Business:

Date business commenced:

Start date of current Financial Year:

Section 1 About your business

Average number of hours worked per week

Is your business a partnership?

YES/NO

If yes, what percentage of the profit/loss is theirs?
(please provide partnership agreement)

 %

Is your husband/wife a partner in the business

YES/NO

If yes, what percentage of the profit/loss is theirs?

 %

Is your husband/wife on the payroll of the business?

YES/NO

If yes, what are his/her earnings?

 £ every

Are there any other people on the payroll of the business?

YES/NO

Do you use part of your own home for business purposes?

YES/NO

Section 2 - About the business income

Do you have any prepared account (audited or otherwise) for the last
Financial year?

YES/NO

If YES, return an original set of the accounts with this form – go to **section 4**

If NO, state reason why and the date you expect to have them

If you do not have any prepared accounts or if you have not been trading for a full year, please complete **Section 3**.

Do you have your latest Schedule D Tax Assessment?

YES/NO

If YES, return it with this form

If NO, state the reason why and the date you expect to receive it

Section 3 – Income and expenditure

Complete this section if you do not have any prepared accounts for the last financial year or if you have not been trading for a full year.

State exact period covered

Form

To

This should be the last financial year OR if you have not been trading for a year it should be the date your business started until current date.

SALES / TAKINGS / INCOME	£	+
Plus VAT REFUNDED	£	+
Plus ENTERPRISE ALLOWANCE	£	+
Plus CLOSING STOCK	£	+
Less COST OF SALES (purchases)	£	-
Less VAT PAID OUT	£	-
Less OPENING STOCK	£	-
Gross Profit	£	

Expenses

You must only include amounts that relate to the business

E.g. Telephone – if calls are made you must apportion the total cost in accordance with the amount of private use and enter the amount for business use only.

DRAWINGS (Cash or stock) £

WAGES PAID OUT: TO SELF £

TO SPOUSE/PATNER £

TO OTHERS £

RENT £

BUSINESS RATES £

HEATING AND LIGHTING £

CLEANING £

TELEPHONE £

BUSINESS INSURANCE £

ADVERTISING £

PRINTING AND STATIONERY £

POSTAGE £

ACCOUNTANTS CHARGE £

BANK CHARGES £

INTEREST PAYMENTS ON BUSINESS LOANS £

(Please enclose copy of loan agreement)

REPAIR/REPLACEMENT OF BUSINESS ASSET £

(Do not include motoring)

- Was this covered by insurance? YES/NO

LEASING CHARGES £

- Please state what is leased:

BUSINESS ENTERTAINMENT £

BAD DEBTS £

- Please give details:

OTHER EXPENSES

£

- Please give details:

Motoring expenses

CAR LEASE

£

ROAD TAX

£

PETROL/DIESEL

£

REPAIRS

£

INSURANCE

£

Who owns the vehicle(s)?

SELF/BUSINESS

If business, do you use other than for business?

YES/NO

You may be required to provide proof of any expense items listed. The housing benefit office will contact you if necessary

Is it reasonable to assume that the trading figures for the next six months will be similar to those given above?

YES/NO

If no please explain the likely differences:

Section 4 – Other outgoings

NATIONAL INSURANCE

- Do you hold an exemption certificate?

YES/NO

If NO, please provide evidence of your contributions

£

Weekly/monthly/annually

PERSONAL PENSION CONTRIBUTIONS

Contribution to personal pension scheme

£

Weekly/monthly/annually

You must provide proof of the scheme to which you belong and of the payments made.

Section 5 – Declaration

Please read this declaration carefully before you sign and date it.

I understand the following.

- If I give information this is incorrect or incomplete, you may take action, which may include prosecution, against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both, You may check some of the information with other sources within the council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I know I must let the council know about any changes in my circumstances, which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date